



## **Request for Religious Exemption to COVID-19 Vaccine Requirement Form**

The USOPC is committed to providing a welcoming and inclusive environment. As part of this commitment, the USOPC will make good faith efforts to provide reasonable religious accommodations to individuals whose sincerely held religious practices or beliefs conflict with the USOPC policies, procedures, or other employment or participation requirements, unless such an accommodation would create an undue hardship.

To request a religious exemption from the USOPC's COVID-19 vaccine requirement, please complete Section 1 below and return this form to the USOPC at [usopcer@ilgdenver.com](mailto:usopcer@ilgdenver.com). Any terms used in this document that are not defined have the meanings assigned to them in the "COVID-19 Vaccination Requirement" document.

**You must submit this completed form and receive a decision regarding your request for an exemption prior to accessing any USOPC Facilities, attending any internally managed sport activities and/or participating in a USOPC Delegation Event and no later than the earliest deadline set forth below that applies to you.**

- **November 1, 2021:** the USOPC vaccination requirement takes effect and all Covered Individuals must submit proof of full vaccination or receive a vaccination exemption prior to entering any USOPC Facility or participating in an internally managed sport activity or USOPC Delegation Event.
- **December 1, 2021:** the date by which all individuals on the long list for the Beijing Winter Games must submit proof of full vaccination or have received a vaccination exemption in order to participate in that USOPC Delegation Event.
- **December 31, 2021:** all USOPC payroll staff, temporary agency staff, and contractors must be fully vaccinated or received a vaccination exemption by this date. USOPC staff members who do not meet this deadline will have their employment terminated by the USOPC while contractors, vendors and other non-staff members will not be able to access any USOPC Facilities or internally managed sport activities and may have their contracts with the USOPC terminated.

The USOPC will use the information you provide to understand the religious-based limitations on your ability to comply with the USOPC's vaccine requirement and, if eligible, explore potential effective accommodations that might reasonably permit you to safely access USOPC Facilities, attend internally managed sport activities, or participate in a USOPC Delegation Event under current circumstances despite these limitations, if appropriate, including, for example, regular COVID testing (on a schedule to be determined by the USOPC), mask and social distancing requirements, etc. The USOPC will keep the specific religious information you provide as part of this process confidential.

The USOPC makes determinations about requested exemptions on a case-by-case basis, conducting an individualized assessment of each situation. The USOPC strives to make these determinations expeditiously, fairly, and consistently through effective communication with the individual making the request. The information below is intended to help facilitate this process. The USOPC may need to obtain additional information from you or your religious/spiritual leader during this process.

### **Section 1: To be Completed by Individual**

Name (print):	Date of Request:
Company or Sport (as applicable):	Your Role:
Your Primary USOPC Contact:	Work/Cell Phone:



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Do you assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, describe the religious belief or practice and how or why it prevents you from receiving the COVID-19 vaccine:

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How long have you held this belief or followed this practice?

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Have you ever received any other vaccine or similar medicine from a health care provider as an adult?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Are there circumstances under which you would be able to receive the COVID-19 vaccine (for example, would a particular type of vaccine be acceptable)?

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If requested, can you provide documentation to support your religious belief(s) or practice(s) and the need for an exemption, such as written materials describing the religious belief(s) or practice(s), or oral statements, affidavits, or other documents from potential witnesses having knowledge of your religious belief(s) or practice(s) (e.g., religious leaders, fellow adherents, or family or friends who have observed your adherence)? Yes \_\_\_\_ No \_\_\_\_\_

If no, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to attach further information if you wish.

**Attestations**

I am requesting a religious exemption from the USOPC COVID-19 vaccination requirement.

Length of time for which an exemption is being requested: \_\_\_\_\_

I verify that the information I am submitting on this form is true and accurate to the best of my knowledge. I understand that submitting any false, incomplete, or misleading information can lead to disciplinary action, up to and including termination of employment or termination of my right to access USOPC Facilities, attend internally managed sport activities, and/or attend any USOPC Delegation Event (as applicable).

I understand that the USOPC may not be required to provide me with an exemption, particularly if doing so would pose a direct threat to myself or others or would create an undue hardship for the USOPC. I further understand that if I am provided with an exemption, that this applies only to the vaccination requirement



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and I am still required to follow all other applicable COVID mitigation procedures set forth by the USOPC, as they may be amended from time to time.

Finally, I acknowledge that I have read and understand the terms set forth in the document titled "COVID-19 Vaccination Requirement."

Individual Signature:	Date:
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**To be completed by a parent or legal guardian if the Covered Individual is a minor:**

I represent that I am the parent or legal guardian of the above-named minor and that I am not prohibited by law from acknowledging and agreeing to the above on behalf of the above-named minor.

Parent/Legal Guardian Name:	Date:
Parent/Legal Guardian Signature:	
Relationship to Minor:	

**Section 2: USOPC USE ONLY**

Date of initial request: \_\_\_\_\_

Exemption request:

Approved \_\_\_\_\_

Describe specific details:

\_\_\_\_\_

Denied \_\_\_\_\_

Describe why exemption is denied: \_\_\_\_\_

Date discussed with individual: \_\_\_\_\_

USOPC: \_\_\_\_\_ Date: \_\_\_\_\_